ARMY MEDICINE
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RM INTERN TRAINING

Criteria of a Stand Alone Workcenter

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UNCLASSIFIED

BRIEFING OUTLINE

1. Criteria for a standalone workcenter

2. Questions/Discussion

Criteria for a standalone workcenter

- A discrete functional or organizational subdivision of an MTF for which provision is made to collect and measure its expenses and determine its workload performance.

- MTFs are not authorized to create new FCCs for work centers without coordination and approval from the Service MEPRS Program Office.

Criteria for a standalone workcenter

A work center shall be established when the MEPRS

reporting facility requires the performance of a function

that is:

- Assigned or Authorized by higher medical authority, manpower (staffing) is assigned
- Physical space is designated to accomplish the function
- Workload is generated.

Criteria for a standalone workcenter

- Normally operates 16 hours or more each month.
- Has identifiable expenses.
- Is allocated physical space.
- Is allocated or assigned manpower. Such staffing may or may not be authorized on the facility manning or staffing documents. In the areas of inpatient, ambulatory, and dental care, this means that the medical or dental specialty or subspecialty is assigned.

Criteria for a standalone workcenter

- Has a valid work output.
- Uses a valid workload measure.
- Service provided or expenses incurred are unique when compared to other established work centers.
- Is compatible with the MTF organizational structure.
- Facilitates the management decision-making process.

Criteria for a standalone workcenter

Although the 6010.13-M MEPRS Manual provided an overall guideline on the criteria of a standalone work center and a 4th level MEPRS code, AMPO coordinated more specific guidance to reinforce the intent of the 6010.13-M MEPRS Manual guideline changes.

AMPO annual guidance and policy reinforces that AMPO is the only approval authority for MEPRS

Criteria for a standalone workcenter

As required in the 6010.13-M, MEPRS Manual, AMPO started reinforcing the requirement for all 4th level MEPRS codes to be approved by AMPO and implemented processes to standardize MEPRS reporting in the Army in FY07

In order to assist in implementing this culture and policy change at the MTF level, a policy letter was signed by the MEDCOM Chief of Staff in February 2007 which provided additional detail on the purpose of a 4th level MEPRS code

Criteria for a standalone workcenter

4th Level MEPRS/FCC codes are not intended to:

- Track workload
- Productivity
- Diagnosis
- Patient type
- Subspecialty
- Specialty
- Type of provider
- Funding

They should only be used to report standalone work centers in accordance with 6010.13-M, MEPRS Manual.

Requesting New 4th Level MEPRS/FCCs

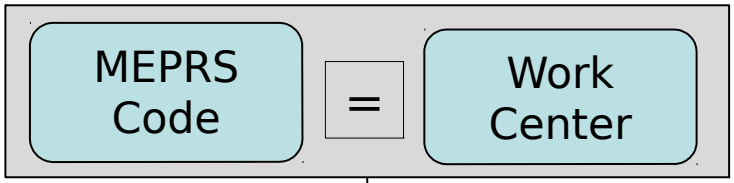
It is important for local MTF MEPRS personnel to research requests for a new 4th level MEPRS code meets the criteria of a standalone workcenter before submitting a request to AMPO

Justification should be forwarded to AMPO staff to approve or disapprove the request for a new 4th Level MEPRS/FCC code

AMPO is unable to approve a new 4th level MEPRS code when there is missing information which in turn delays the final response on the approval or disapproval

Requesting New 4th Level MEPRS/FCCs (cont)

Requirements -
- Manpower
- Physical Space
- Budget LOA
- Measureable Work Output
- Operational Every Month



Input	Output	Outcome

• **DMHRSi – Personnel/FTEs**
• **STANFINS/GFEBS – Financial**
• **CHCS/WAM - Workload**
	• **FTEs**
	  •**Pers Cat**
	  •**Skill Type**
	• **Expenses –**
	  •**Direct/Total**
	  •**Salary**
	• **CHCS/WAM – Workload**
	  •**Adm/OBD/Disp**
	  •**Visits**
		• **MERHCF**
		• **Business Plans**
		• **PPS**
		• **PBAM**

Requesting New 4th Level MEPRS/FCCs (cont)

MEPRS personnel should validate that the new workcenter will not be using the following from an existing standalone workcenter and 4th level MEPRS/FCC code:

- Personnel assets
- Supplies
- Equipment
- Exam Rooms
- Other Infrastructure

Does Not Meeting the Criteria for a Standalone Workcenter

Clinical personnel often say they have started a new ‘Clinic’ when in
reality they are referring to a new type of care that will be provided in
an existing clinic/standalone work center.

Additional research confirms that the Clinic Chief has hired an
additional person to provide a new clinical service within the existing
clinic work center. The new personnel are given an exam room within
an existing clinic work center.

This does not meet the criteria of a standalone clinic work center.

Same workcenter performing different types of patient care

A provider is working in one clinic, but performing different types of
patient care such as TMC Primary Care vs. Physical Exams, the
provider is only authorized to use one MEPRS code for the physical,
standalone clinics.

If the site wishes to track the different types of patient care performed
by the same provider, then they can create a “secondary” location in
CHCS with the existing MEPRS code of the TMC.

Criteria for a standalone workcenter

The Army MEPRS cost data becomes **fractionalized** and **distorted** when MEPRS/FCC codes are used to:

- Track workload
- Productivity
- Diagnosis
- Patient type
- Subspecialty
- Specialty
- Type of provider
- Funding

Submission of Request for a 4TH Level MEPRS/FCC

Our ER is going thru major renovation, as part of the renovation we are adding a non-emergent care
clinic separate from the Emergency Room operations. The new non-emergent care clinic will have
their own staff, APC/GFEBS cost center, exam rooms, waiting room, and supplies.

Our ER has seen a increase in patients who come in after hours seeking primary care, these patients
are using the ER as their primary care portal. Patients usually present after hours approximately
1900 hours and later. When possible the MSA and triage nurse refer patients to either the DFM or
IMC, the DFM has extended hours and the MSA/Triage Nurse has the ability to offer same day appts
to these patients. If the patient insist on staying in the ER, they are seen on a space available basis.

To better provide the appropriate care for our patients our Command has authorized the creation of
the non-emergent Care Clinic. As previously mentioned above the Non-emergent care clinic meets
the criteria for a stand-alone clinic.

Submission of Request for a 4TH Level MEPRS/FCC

- Request to use MEPRS/FCC code FBIB - Immunization

- We are co-located within the walls of Primary Care MEPRS/FCC code BHAB

Does this meet the criteria of a standalone workcenter?

YES / NO

Questions

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